



STATE OF IDAHO SCHOOL IMMUNIZATION REPORT

Report Period 20____-20____	Name and Title of Person Completing Report	Date of Report (MM/DD/YY)
Name of School		Phone (208) _____ - _____
School Address	City	State ID
	Zip	County
Grade (Circle One) K 1 7	Current Grade Enrollment † (Enter a number or circle one of the following) Currently no enrollment Do not have this grade	

SCHOOL GRADE COMPLIANCE TO IMMUNIZATION REQUIREMENT:

A. COMPLETE IMMUNIZATIONS

Number of students who have completed all the immunizations required by the School Immunization Law (IC 39-4801); **EXCLUDE STUDENTS WITH EXEMPTION FORMS ON FILE.** Students born **before** 11/22/91 are considered complete with 4 DTaP, 3 Polio & 1 MMR (**Please see Section E for additional reporting of these students**).

Total Complete

B. EXEMPTIONS

Number of students with an exemption form on file.
Specify by type of exemption:

(Enter a Number)

1. Medical

+

2. Religious

+

3. Personal Belief

4.

=

Total Exemptions

5. For those students who claimed an exemption, how many claimed an exemption from (Enter a Number):

DTaP

Polio

MMR

Hepatitis B

C. INCOMPLETE IMMUNIZATIONS

Number of students with an immunization record on file that is not complete according to Idaho state law.*

Total Incomplete

For those students who have a record on file but do not have all doses required:

1. Number of students missing at least one dose of **DTaP (4 doses)***

2. Number of students missing at least one dose of **Polio (3 doses)***

3. Number of students missing at least one dose of **MMR (1 doses)***

4. Number of students missing at least one dose of **Hepatitis B (3 doses)***
(Required for students born after 11/22/91)

D. NO RECORD

Total number of students without an immunization record or exemption form on file

Total No Record

E. 7th GRADE ONLY

1. Number of students born before 11/22/91 who have not received Hepatitis B (3 doses).
(These students are considered complete without Hepatitis B)

2. Number of students born before 11/22/91 who have received Hepatitis B (3 doses).

F. TOTAL ENROLLMENT

1. This report is required by Manual Sec. 2-15200, Sec. 39-4801, Idaho Code. School Immunization Law requirements are listed on the back of this form.
2. **One report is required per year for grades:** Kindergarten, First grade and Seventh grade. **Use a separate form for each grade.**
3. Mail the white and yellow copies to Idaho Department of Health and Welfare, Attn: Immunization Program Assessment Specialist, PO Box 83720, Boise, ID 83720 before **November 1**. This report may be submitted electronically at: <https://iris.idhw.state.id.us>
4. The school should retain the pink copy for its records.

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Totals of section **A** (*total complete*) _____ + **B4** (*Total Exemptions*) _____ + **C** (*Total Incomplete*)
_____ + **D** (*Total No Record*) _____ must = _____ *Current grade Enrollment †*

School Immunization Law Requirements:

- I. Students enrolling in preschool, ungraded, and K-12th grades must show proof of receiving, or being in the process of receiving, the following immunizations **before** attendance in any Idaho public, private or parochial school:
 - a. 4 or more doses of DTP, DT, DTaP or Td vaccine, unless fewer doses are medically recommended;
 - b. 3 or more doses of polio vaccine, unless fewer doses are medically recommended;
 - c. One dose of measles/mumps/rubella vaccine, given after one year of age; and,
 - d. 3 doses of hepatitis B vaccine for children **born after November 22, 1991**.
- II. A student's parents may provide laboratory proof of immunity in lieu of receiving any or all of the immunizations listed above.
- III. A student's parents may claim an exemption to any or all of the required immunizations for medical, religious or personal reasons by providing a signed copy of DHW form IMM062796 (or one with similar information) to school officials.

NOTE: For more details on the requirements of the Idaho School Immunization Law, consult Idaho Code Section 39-4801 and Manual Sections 2-15000-2-15999.

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